

# RECREATION CENTER CUSTOMER SATISFACTION SURVEY

## DIRECTIONS:

Fill in the oval for each attribute that best reflects your opinion on the IMPORTANCE of that attribute and how well the installation PERFORMS on that attribute.

For example, if you think an attribute is "Most Important", fill in the oval in column 5. If an attribute is "Not Important", fill in the oval in column 1. Follow the same scheme for rating PERFORMANCE of the attributes.

Respond to all attributes for which you have an OPINION. If you have no opinion about an attribute, leave the ovals blank. THANK YOU FOR YOUR HELP.

How IMPORTANT to you is this attribute?

How well do you feel your installation PERFORMS in this attribute?

Not Very Important			Somewhat Important		
Not At All Important			Very Important		
Don't Know	↓	↓	↓	↓	Most Important
	0	1	2	3	4
					5

		Average			Not Very Good
Very Good					Poor
Outstanding	↓	↓	↓	↓	Don't Know
	5	4	3	2	1
					0

## I. OVERALL SATISFACTION

○ ○ ○ ○ ○ ○ 1. Satisfaction with overall program ○ ○ ○ ○ ○ ○ ○

## II. STAFF

○ ○ ○ ○ ○ ○ 2. Staff is helpful ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 3. Staff is courteous ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 4. Staff is skilled ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 5. Staff is knowledgeable ○ ○ ○ ○ ○ ○ ○

## III. FACILITY/BUILDING

○ ○ ○ ○ ○ ○ 6. Facility is attractive, clean, and well-maintained ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 7. Facility is maintained to instill safety ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 8. Facility is maintained to encourage participation in activities (temperature/humidity/ventilation) ○ ○ ○ ○ ○ ○ ○

## IV. PROGRAMS/SERVICES MEET YOUR NEEDS/EXPECTATIONS

○ ○ ○ ○ ○ ○ 9. Sufficient choice of staff-directed programs ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 10. Sufficient choice of self-directed programs ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 11. One-stop registration and information center (ability to register or get information in one place) ○ ○ ○ ○ ○ ○ ○

## V. EQUIPMENT

○ ○ ○ ○ ○ ○ 12. Equipment is state-of-the-art ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 13. Equipment is clean ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 14. Equipment is well-maintained ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○ ○ ○ 15. Equipment variety supports a broad range of activities and interests ○ ○ ○ ○ ○ ○ ○

## VI. OPERATIONS

○ ○ ○ ○ ○ ○ 16. Facility is open during my free time ○ ○ ○ ○ ○ ○ ○

### **DEMOGRAPHIC QUESTIONS**

**Gender:**

- ☐ Female  
☐ Male

**Status:**

- ☐ Active Duty  
☐ Family Member  
☐ Civilian  
☐ Retired

**I currently live:**

- ☐ On-Post  
☐ Off-Post

**Time at installation:**

- ☐ Less than 1 year  
☐ 1-3 years  
☐ More than 3 years

**Monthly Use of Program:**

- ☐ 4 or more times  
☐ 1-3 times  
☐ None

**Please list the 3 services that are most important to you:**

**Please list the 3 programs that are most important to you:**

**Please list services or programs you would use if they were available:**

**What improvements most need to be made to Recreation Center programs, services, or facilities:**

***Thank you for your time and effort completing this survey!***